Approved for use through 10/31/2002. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

| PETITION FOR EXTENSION OF T | IME UNDER 37 (| CFR 1.136(a) | Docket N 660-02 | Number (Optional) 29 |
|--|--------------------------|---------------------------|--------------------|---------------------------|
| | In re Application of Sp | encer A. Rathu | s et al. | ۸. |
| | Application Number 09 | /769,147 | | Filed 01/25/2001 |
| | For Method and Apparat | us for Accessing Electror | nic Data via | a Familiar Printed Medium |
| | Group Art Unit 2876 | | Examiner | Thien Minh Le |
| This is a request under the provisions of 3 reply in the above identified application. | 37 CFR 1.136(a) to ex | tend the period for | filing a | |
| The requested extension and appropriate (check time period desired): | non-small-entity fee a | are as follows | | |
| One month (37 CFR 1.17(a)(| 1)) | | | \$ |
| X Two months (37 CFR 1.17(a) | (2)) | | | \$_400.00 |
| Three months (37 CFR 1.17(a)(3)) | | | | \$ |
| Four months (37 CFR 1.17(a)(4)) | | | | \$ |
| Five months (37 CFR 1.17(a) |)(5)) | | | \$ |
| Applicant claims small entity status. above is reduced by one-half, and the | he resulting fee is: \$_ | | nount sh | own |
| A check in the amount of the fee is | | | | |
| Payment by credit card. Form PTO The Commissioner has already bee | | e fees in this | | |
| application to a Deposit Account. | | | | |
| The Commissioner is hereby author or credit any overpayment, to Depo I have enclosed a duplicate copy of | sit Account Number _ | | equired, | |
| I am the applicant/inventor | tino onoot. | | | |
| assignee of record of the Statement under 37 (| entire interest. See 3 | 7 CFR 3.71. | /Q6\ | |
| X attorney or agent of reco | | ieu. (Foiii F 10/3b | 790). | |
| attorney or agent under 3 Registration number if act | | · | | |
| WARNING: Information on this forn be included on this form. Provide c | | | | |
| 11/25/02 | | | | |
| Date / | | Signatu | ıre | |
| BESHAH1 00000065 09769147' | - | John W. | Olivo, Jr. | |
| 200.00 OP | | Typed o | or printed | i name |
| NOTE: Signatures of all the inventors or assignees of forms if more than one signature is required, see below | | st or their representativ | e(s) are red | quired. Submit multiple |
| X Total of 2 forms are submitted. | | | | |